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COUNTY BOROUGH OF READING

**HEALTH AND
SOCIAL SERVICES
IN READING 1969 & 1970**

Part II. Health of the School Child



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COUNTY BOROUGH OF READING

ANNUAL REPORT of the
PRINCIPAL SCHOOL MEDICAL OFFICER
for the years 1969 & 1970

Bristol & West House, 173/4 Friar Street, Reading
1971

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Education Committee

(as at 31st December, 1969)

(as at 31st December, 1970)

THE RIGHT WORSHIPFUL THE MAYOR (Alderman Edith Ella Lovett, 1969)
THE RIGHT WORSHIPFUL THE MAYOR (Councillor Herbert Williams, 1970)

ALDERMEN

William Wykeham Edward Badnall 1969/70
Alice Jeanette Burrows 1969/70
Edward Albert Busby 1969/70
Edith Ella Lovett 1969/70

Edith Morris 1969/70
William Leslie Stansfeld-Taylor 1969/70
Edward Thomas Waltham 1969

COUNCILLORS

James Adams 1969/70
David John Bowley 1970
Ronald James Day 1969/70
John Edmund McNamara Lilley 1969/70
William George Mander 1970
Gladys Emily Matthews 1969/70
Sidney Thomas Michael Moon 1969
John Rees Price 1969

George Frank Robinson 1969/70
Frank Neil Rowberry 1969
Peter Alexander Rowe 1970
Charles Frederick Sage 1969/70
George Richard LeMarchand Sharpe 1970
William Leslie Stansfeld-Taylor 1969/70
David Leonard Stoddart 1969/70
Robert Leslie Towner 1969/70

CO-OPTED MEMBERS

Mr. E.F. Alwood, J.P., B.Sc., (deceased)
The Reverend Father P.A. Collins (deceased)
succeeded by Reverend Father P.O. O'Donnell 1970
Dr. W.C. Costin, O.B.E., M.C., M.A., (deceased)
succeeded by R.J. Elliott 1970
The Reverend J.G. Grimwade, M.A., B.Sc., 1969
The Reverend G.W.F. Coupe 1970
Mrs. H.D. Kay, M.Sc., 1969/70
Mr. H. Marshall 1969/70
Mr. A.E. Milward 1969/70
The Reverend A. Murray Smith, B.A., Ph.D., 1969/70
Dr. S. Smith, B.A., F.R., Hist.S., 1969/70
Mr. H.W. Turner, 1969/70
The Vice-Chancellor, University of Reading
Dr. H.R. Pitt, F.R.S., 1969/70
Professor R. Wilson, B.A., 1969/70
Sidney Thomas Michael Moon, 1970

Staff at December 31st, 1970

Principal School Medical Officer:

A. GATHERER, M.D., Ch.B., D.P.H., D.I.H.

Deputy Principal School Medical Officer:

D.F. ROWLANDS, M.B., B.S., D.P.H., D.Obst.R.C.O.G.

Senior School Medical Officer:

E.A. FISHER, M.Sc., M.B., B.Ch., B.A.O., D.Obst. R.C.O.G.

School Medical Officers:

V. FRASER, M.B., B.S., M.R.C.S., L.R.C.P.

M.G.H. ROGERS, M.A., M.B., B.Ch., D.C.H., D.P.H.

A.D. WEDDERSPOON, M.B., B.S.

E.F.H. PARRY, B.A., M.B., B.S., L.M.S.S.A., D.P.H.

G.P. FLEW, M.B., B.S., L.R.C.P., M.R.C.S., (Deceased 24.2.70)

Principal Dental Officer:

D.O. MALLAM, L.D.S., R.C.S.(ENG.)

Dental Officers:

D. BOLLAM, L.D.S., R.F.P.S. (GRGS)

D. MONNICHENDAM, L.D.S., R.C.S.(ENG.) (Part-time)

Mrs. C. CARTWRIGHT, B.D.S. (U.St.And) (Part-time)

Mrs. E.A. WILLIAMS, B.D.S.(Lond.) (Commenced 1.6.70)

Chief Nursing Officer:

Miss M.E. LINDARS, S.R.N., S.C.M., H.V. Cert., Queens Cert.

Principal Nursing Officer (Health Visiting):

Miss E.M. CHRISTOPHER, S.R.N., S.C.M., H.V.

Assistant Nursing Officers (Health Visiting)

Miss T. ORPIN, S.R.N., S.C.M., H.V.

Miss B. WHITE, S.R.N., S.C.M., H.V.

Miss S. HANSFORD, S.R.N., S.C.M., R.F.N., H.V.

Speech Therapists:

Mrs. A. ELSBURY, L.C.S.T. (Senior) (Part-time)

Mrs. A. HOPTON, L.C.S.T.

Mrs. J.E. McNAIR, L.C.S.T.

Miss J. MOOD, L.C.S.T.

Physiotherapists:

Mrs. M. ANTSCHERL

Miss J.F. BURGE

Clinic Assistant:

Miss B.J. McMANUS

Administrative Assistant:

N.A. MASKELL

School Clinics

ALL SAINTS SCHOOL CLINIC	By appointment
ASHMEAD SCHOOL CLINIC Special Examinations and Minor Ailments	Friday, 2p. m. - 3p. m.
CHRIST THE KING SCHOOL CLINIC	By appointment
COLEY SCHOOL CLINIC	By appointment
COLEY PARK SCHOOL CLINIC	By appointment
E. P. COLLIER SCHOOL CLINIC Minor Ailments	Alternate Wednesdays 9.30a. m. - 10a. m.
EMMER GREEN SCHOOL CLINIC Special Examinations and Minor Ailments	Friday, 9a. m. - 10a. m.
GEOFFREY FIELD SCHOOL CLINIC Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.
GROVELANDS SCHOOL CLINIC Special Examinations and Minor Ailments	By appointment
THE HILL SCHOOL CLINIC Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.
HUGH FARINGDON SCHOOL CLINIC Special Examinations and Minor Ailments	Thursday, 9a. m. - 10a. m.
KATESGROVE SCHOOL CLINIC Minor Ailments	By appointment
ST. MARY'S SCHOOL CLINIC	By appointment
ST. MICHAEL'S SCHOOL CLINIC Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.
SOUTHCOTE PRIMARY SCHOOL CLINIC Special Examinations and Minor Ailments	Monday, 2p. m. - 3p. m.
STONEHAM SCHOOL CLINIC Special Examinations and Minor Ailments	Tuesday, 9a. m. - 10a. m.
TILEHURST CLINIC Special Examinations	By appointment
WESTWOOD SCHOOL CLINIC Special Examinations and Minor Ailments	Monday, 9a. m. - 10a. m.
DENTAL CLINICS Queen's Road Clinic Whitley Clinic Tilehurst Clinic Southcote Clinic	

Reading School Health Service

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

Mr. Chairman, Ladies and Gentlemen,

The purpose of this biennial report is not primarily to record or review the work done in the School Health Services in Reading. That is best done, service by service, as part of the constant process of planning, developing and evaluating which the Committee and officers undertake throughout each year.

This particular collection of statistics and comment is meant to provide a different opportunity: to stand aside from day to day pressures and to look at the services against a wider background, and in a longer perspective. Perhaps the main purpose in such an approach is to consider carefully where the tidemark of progress has reached and to assess the potential in the current swell in the services.

It is tempting to measure advance by taking as a standard the level reached at some point in the past. The progress over the years has been so great that this method of assessment means that we can rightly feel satisfied with what has been done.

But surely a standard we should also refer to is what the services could and should be. From this viewpoint, we can easily see targets still not being reached. Two in particular must be mentioned, not for the first time in these reports. I refer to health education and to the school dental service. Our failures in these are for different reasons - the need for a new impetus and priority in health education, and the need for massive new resources in the dental service. It is therefore pleasing to note that both of these requirements are well on their way. It may well be that the next report will outline new achievements in both services.

The reports which follow tend to draw attention to the new and in many cases challenging developments which have occurred in the two years covered. There is for example a brief note on "language disordered children", a small number of children who are apparently partially hearing but who make only slow progress with traditional methods of assistance.

In the field of physical handicap, there has been a quite rapid build up of children suffering from spina bifida, and their particular needs have so far been well met by the staff at the Avenue School. Their future school requirements, whether in ordinary or special schools, must now be carefully considered.

Emotional problems in school children remain at a high level but there is a new determination to tackle them early. Unfortunately, in the child and family guidance clinic there has been again a period of change and adaptation. It is hoped that an expansion of the facilities and a stability in

the professional staff might allow a real chance of redeployment of effort towards the younger child in an endeavour to get more in control of this large problem.

Whatever the staff of the school health services achieve themselves, the future health of school children depends very much on the decisions of many others, and especially on the parents. On the whole, we are fortunate in Reading as far as parental co-operation is concerned. But there are still some who could do more. Quite a number, for instance, do not give consent for B.C.G. vaccination against tuberculosis. The number of children positive to the skin test for tuberculosis is now well under 10%, but tuberculosis remains a disease of significant incidence and mortality in this country. It is imperative that parents should give their children the protection afforded by B.C.G. vaccination, and we hope all schools will get very near the very pleasing 100% consent rate obtained in one school in the town.

These reports always include the comments of colleagues in other parts of the education service. It is a valuable reminder of the importance of their work to the work we are doing, and it gives me an opportunity of publicly thanking them for their continuing co-operation.

The immediate future is to be one of major change. Re-organisation of local government and of the health services is bound to affect the school health service. But problems requiring the skilled help of the school health service team will continue to arise, in individual children and their families, and as side effects of the many developments in society which have inevitable repercussions in schools.

Such problems will not wait on the sidelines for re-organisation to be completed, but will demand constant effort from teachers who will look to us for whatever our training and experience can contribute. We must therefore ensure that change and concern for the future does not lead us to neglect present services which must continue to develop. We must continue to serve the schools and their community, both before, during and after the coming changes. There is too much at stake to allow stagnation to creep in, and too much to lose to allow the disintegration of what is valuable in the present services. Change must come and must be facilitated, but not at an unnecessary cost.

The acceptable cost of change can best be decided by the elected member. On our side, we appreciate the steady interest and support of the Chairman and members of the Committee and look forward to a future partnership of equal or greater benefit to that which has allowed the many achievements outlined in this report.

A. GATHERER

Principal School Medical Officer

Medical Inspections

The number of routine school medical inspections carried out in 1969/70 was 9,364, and of the children concerned, only one was thought to be in an unsatisfactory physical condition. This state of affairs where almost 100% of children medically examined were considered to be of satisfactory physique is very gratifying, and it is interesting to compare it with conditions in 1920 when 64 (1.5%) of the children who had been examined in school were regarded as suffering from malnutrition.

Again, the number of children who have to be re-examined because of some defect previously found, or because the teachers or nurses recommend them for special examination, has fallen very considerably since 1920 as the following table shows:-

	<u>1920</u>	<u>1970</u>
Special Inspections	1,005	25
Re-inspections	2,489	653
Total number of school children in the Borough	14,752	23,064

Altogether the general health of the school child in Reading has obviously improved a very great deal in the past 50 years.

There has also been a vast improvement in the general standards of hygiene amongst school children since 1920. In that year 3.6% of the children medically examined were found to be "unclean in either head or body", whereas in 1969, only 0.3% of Reading school children were found to be verminous.

Unfortunately, there are still a few neglectful parents whose children are sent to school in a dirty and unkempt state, and if they are infested with head louse this quickly spreads to other children, and in 1970, 0.75% of children were infested. School Nurses do their very best, but in spite of their work there were more than twice as many infested children in 1970 as in 1969. This increase in numbers of verminous children has been reported elsewhere in the country, and it is thought that the insecticides used in treatment may gradually have become ineffective.

It is evident that greater vigilance, more hard work, and better co-operation with school nurses is required on the part of the few neglectful parents concerned.

SPECIAL TESTING OF VISION

In addition to the routine testing of vision at school medical inspections, pupils were seen by the school nurse and tested at 7, 8, 9 and 13 years. Colour vision is tested by the Medical Officer during the course of a routine medical inspection. The following table gives the results of the vision sweeps in 1969 and 1970.

Vision Sweep Numbers

	Number tested		Number with defects		Number referred	
	<u>1969</u>	<u>1970</u>	<u>1969</u>	<u>1970</u>	<u>1969</u>	<u>1970</u>
7 years	1,634	1,046	125	226	29	22
8 years	1,475	1,124	149	101	34	24
9 years	1,963	1,136	190	108	40	29
13 years	1,324	988	142	84	27	27
TOTAL	<u>6,396</u>	<u>4,294</u>	<u>606</u>	<u>519</u>	<u>103</u>	<u>102</u>

RESULTS OF THE AUDIOMETRIC SURVEY IN 1969 AND 1970

Children Tested	First Tests and Entrants 5 years old	Retests 6-7 years old	Total
Number tested 1969	2,196	509	2,705
1970	2,467	512	2,979
Number failing sweep test	<u>1969</u> 179 (8.2%)	<u>1970</u> 227 (9.2%)	
Disposal	<u>1969</u>	Entrants <u>1970</u>	
(a) Treated and kept under observation by S. M. O. to be retested	86	101	
(b) Referred to G. P.	8	10	
(c) Referred to E. N. T. Surgeon or receiving treatment at R. B. H.	55	81	
(d) Awaiting examination by S. M. O. (including D. N. A.)	17	20	
(e) Discharged on further examination	13	15	

In addition tests were carried out on children at the Avenue School (45 during 1969 and 35 in 1970), and also 61 at Wakefield Lodge in 1970.

Hearing Tests at the Junior Training Centre During this year hearing tests were carried out on all the children at the Junior Training Centre. 61 of the children were tested with the Pure Tone Audiometer in the usual way, and 19 passed the screening test at an intensity level of 30 decibels.

Further tests were devised for those children who were unable to respond satisfactorily to ordinary testing, and these included speech comprehension tests and distraction tests, using nursery toys which emit complex sounds. Localisation tests were carried out using a Paediatric

Audiometer in which lights can be used as well as sounds in conditioning the child. For some of the children, the only test that could be used was the whispered voice, while a few children were unable to co-operate at all. These children will be seen again and further attempts to carry out some sort of reliable test will be made.

As a result of this work, six children were referred to the Audiology Unit for further testing, and one child has been issued with a Hearing Aid.

Handicapped Children

It is the duty of the local authority to provide education suitable for all categories of handicapped children who cannot benefit from attendance at an ordinary school. Hitherto special schooling has been available for children with physical or mental handicap.

It is now beginning to be realised that a few children may suffer from severe environmental handicap, and that this constitutes a valid reason for providing special education at times, though the child may not, on examination, reveal either physical or mental stress. Such a child will, nevertheless, be unable to realise his full potential educationally until the environment is improved, and this may involve boarding school provision.

Severe environmental handicap is therefore a category which has been proposed by the working party of the National Bureau for Co-operation in Child Care on the needs of handicapped children. This is in addition to the categories recognised by the Department of Education and Science which were defined in the Education Act 1944.

HANDICAPPED PUPILS - SUMMARY OF POSITION AT 31st DECEMBER, 1970 (1969 figures in brackets)

Type of Handicap	Number on Register 31st December		(a) Number in Residential School		(b) Number attending Day Schools		Not in receipt of appropriate education but on waiting list for such	
	M	F	M	F	M	F	M	F
(i) Blind	2 (2)	- (-)	(a) 2 (2) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(ii) Partially Sighted	5 (5)	5 (5)	(a) 5 (4) (b) - (-)	3 (5) - (-)	(a) - (1) (b) - (-)	2 (-) - (-)	(a) - (1) (b) - (-)	2 (-) - (-)
(iii) Deaf	1 (1)	1 (1)	(a) 1 (1) (b) - (-)	1 (1) - (-)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(iv) Partially Hearing	24 (12)	13 (11)	(a) 3 (2) (b) 21 (10)	2 (1) 11 (10)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(v) Physically Handicapped	45 (40)	31 (26)	(a) 2 (1) (b) 43 (38)	- (-) 31 (26)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(vi) Delicate	13 (14)	4 (6)	(a) 4 (4) (b) 8 (8)	1 (-) 3 (6)	(a) 1 (2) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(vii) Maladjusted	36 (36)	9 (12)	(a) 28 (34) (b) - (-)	9 (11) - (-)	(a) 8 (2) (b) - (-)	- (1) - (-)	(a) - (1) (b) - (-)	- (1) - (-)
(viii) Educationally Sub-normal	155 (150)	74 (67)	(a) 6 (6) (b) 112 (108)	2 (2) 57 (50)	(a) 2 (2) (b) 35 (34)	- (1) 15 (14)	(a) - (1) (b) - (14)	- (1) 15 (14)
(ix) Epileptic	- (3)	2 (4)	(a) - (-) (b) - (3)	- (-) 2 (4)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(x) Speech Defect	2 (-)	1 (-)	(a) - (-) (b) 2 (-)	1 (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)

PLUS Physically Handicapped children taught at home — nil (1 boy)
Maladjusted children taught at home — nil (1 girl)

BLIND PUPILS

There are two blind pupils from the borough attending residential schools.

PARTIALLY SIGHTED

There are eight partially sighted pupils; all attending residential school.

DEAF OR PARTIALLY HEARING PUPILS

There are seven deaf or partially hearing pupils attending residential schools.

PARTIALLY HEARING CHILDREN

The Pre-School Testing Programme. This work was continued, and children were referred to the Organising Teacher by Health Visitors or by clinic doctors, because of delay in speech development. Regular visits were made to Nursery Schools, where children with communication difficulties were tested. Children who failed the screening tests were referred to the Audiology Unit at the Royal Berkshire Hospital for further investigation. No cases of perceptive deafness were found, but several children were discovered to have developed a certain degree of conductive deafness.

Language Disordered Children. It was realised that some children in our Partially Hearing Units had been extraordinarily slow in developing language, and that when they reached the Junior unit, a great deal of time had still to be spent in laying the foundations of language. It was decided to introduce the Paget Systematic Sign Language into the Partially Hearing nursery in an attempt to promote the earlier development of language in these children. Accordingly, an arrangement was made for the organising teacher and the nursery teacher to receive tuition from Lady Paget, and the scheme went ahead. This proved so successful that the method was extended to all the nursery children, and it is planned to use it next year in the Infant unit.

The advantage of this system is that, unlike the orthodox sign and gesture communication of the deaf it is a true language, with correct grammatical structure. So far, we have found that use of the P. S. S. L. has certainly helped deaf children to develop their vocabulary. It has also helped in the development of correct grammatical language in deaf children. Language disordered children have also appeared to benefit from the use of this method. It must be added that signing is dropped automatically once the word or structure is known, since speaking is easier and quicker.

Unit for Language Disordered Children. This Unit was opened in October 1969 in the Audiology Research Department at the Royal Berkshire Hospital. It is often difficult to differentiate between deafness and language disorder, since in both types of handicap, the child does not develop speech at the usual time and deafness may appear to be the main handicap in both types of disability.

The following are the main differences which help in diagnosis:-

<u>Language Disorder</u>	<u>Deafness</u>
1. May respond to sound but be unable to locate source.	1. Will usually localise to sound if loud enough.
2. Will often respond to speech sounds (i. e. complex tones) but ignores pure tones at the same level.	2. Usually responds to pure tone only slightly louder than complex tones.
3. Response appears to be "flat" across the audiogram.	3. Often some differentiation between responses at various frequency levels.
4. Often found to be inconsistent in their response to sounds of similar intensity.	4. Are usually consistent in their responses to sounds unless a conductive overlay is present.
5. May respond to a quiet sound but ignore a louder sound at the same level.	5. Responds to the louder sound.
6. Their responses to a similar pattern of sound are unpredictable from one testing to the next.	6. Responses usually follow the previous pattern unless further auditory discrimination is taking place.
7. Are difficult to condition and their attention problem is often accentuated by hyperkinesis and distractibility.	7. Conditioning usually improves with each session.

Visitors and Students. Three students were again accepted for teaching practice from London University, and a number of students from local colleges spent some time observing the work of the partially hearing units. During the year there were also a number of visitors from all parts of the world.

School Leavers. School Leavers continue to be placed in suitable jobs without a great deal of difficulty. Children's job potential is discussed at a meeting of Careers Officer, Parents and Teacher six months before the child is due to leave.

Transfer of Pupils to Residential Schools. There continues to be a very small number of children who, for reasons other than their deafness, are not able to continue in our Units. At the time of writing, five children have been placed in Boarding Schools.

Outings. Educational and pleasure visits continue, and the Minibus is often in use. Some of the older children go to Slough every week to join a mime group.

The nursery and infant children again visited Ventnor.

EDUCATIONALLY SUBNORMAL PUPILS

During the two years, 74 boys and 47 girls were given an intelligence test by one or other of our doctors qualified to do this work. These children were all found to be in need of special education or training.

The names of 47 boys and 27 girls were placed on the waiting list for the Special Day School - Department of Educationally Subnormal Pupils. Six boys and three girls were recommended for special boarding school. Eight boys and six girls were thought to be in need of remedial teaching in ordinary school, and 12 boys and 12 girls were recommended for the Junior Training Centre.

EPILEPTIC PUPILS

There are now no children attending special residential schools for epileptic pupils. The few children whose fits are not adequately controlled by modern anti-convulsive drugs attend the Avenue School.

MALADJUSTED PUPILS

The Consultant Psychiatrist, Dr. C. E. Williams reports.

Clinic. The period has proved to be one of change and adaptation to unforeseen circumstances. Following Dr. M. E. Ward's retirement in January, 1969, Dr. G. O'Gorman attended this Clinic for one session and Dr. C. E. Williams for three sessions weekly. Dr. E. Fisher, Senr. School Medical Officer, attended during Dr. O'Gorman's sessions and acted as locum in his absence. The number of weekly sessions held at the Clinic was increased from three to four and, as a result, there was a corresponding increase in the numbers of new cases seen - from 75 in 1968 to 121 in 1969; and a consequent reduction from three months (1968) to between six to eight weeks (1969) in the waiting period between referral and diagnostic interview. At the beginning of November, 1970, Dr. O'Gorman handed over his one session a week to Dr. James B. McWhinnie. This arrangement was increased to two sessions weekly, so that by the end of the month the number of weekly sessions was increased to five, and this placed some strain upon Social Work and Clerical resources. There was no increase in the numbers of new cases referred to the Clinic and the waiting period remained at between six and eight weeks. Miss M.M.G. Ewart and her Social Worker colleagues continued to visit within two to three weeks of the child's referral, and within one week if symptoms were serious.

In December, 1969 Dr. Ward offered her services voluntarily to undertake a follow-up of children who had been treated in the Reading Hostels for Maladjusted Children during the previous five years. She attended the Clinic for one session per week, and it was hoped that this project, in conjunction with after-care visiting, would provide interesting material for the future planning of residential care for emotionally disturbed children. Her findings were submitted for publication. During December a meeting of Head Teachers was convened by the Chief Education Officer, at the request of the Principal School Medical Officer,

to discuss methods of referral and to explain the functions of members of the Clinic Staff, in the hope of bringing about a better understanding between the Schools and the Clinic service.

On the 1st June, 1970 the Senior Psychiatric Social Worker, Miss M. M. G. Ewart, was appointed Principal Social Worker to the section of the Health and Social Services Department then responsible for the physically handicapped and geriatric services of the Borough, but continued to allocate part of her time to the Kidmore Clinic. On the 2nd July, Mr. B. Truckle, a qualified Psychiatric Social Worker with considerable social work experience, was appointed Area Officer to West Reading. He, too, allocated an appropriate part of his time to social work in the Kidmore Clinic. Mrs. I. Jarvis, a qualified Child Care Officer, also joined the team on a part-time basis on the 7th September, dividing her time between the Child Guidance Clinic and the Health Department. These staff changes served to bring about a closer integration with the Health Department, but also resulted in a diminution of social work services from the Child Guidance Clinic. An Area Office was in process of being established in Tilehurst, serving West Reading and responsible for Social Work services for the physically handicapped and elderly clients, as well as the families of maladjusted children referred to the Clinic. This office, situated within the Tilehurst Clinic, it is hoped may prove to be a pilot scheme upon which other similar area offices may be established.

Mrs. D. Phillips, a qualified Remedial Teacher, also joined the team during the year and attended for six regular sessions a week, three of which were held at the hostel at "Mockbeggar", Whiteknights Road, Reading.

The inadequacy of accommodation continued to be an ever-pressing problem for Consultants and Social Workers alike. The Local Authority had been asked to provide a sum in Capital Estimates for 1970/71 for the conversion of the garage flat, at present let to a member of the Berkshire Clinic staff. This would have provided additional accommodation for the Clinic; with the present limited facilities it was thought neither practicable to plan any extension of the clinic services, nor to increase the number of psychiatric sessions.

Hostels.

"Mockbeggar", 25 Whiteknights' Road. The Hostel has been full to capacity throughout the period, and the Superintendent and his wife, Mr. & Mrs. Jackson, have done very valuable work. A male assistant was appointed during the autumn term, 1970.

"Tree-Tops", 2 St. Peter's Hill, Caversham. Admissions to this Hostel were limited during 1969, owing to the illness and death of the Warden, Mr. L. Mulqueen.

On the 9th February, 1970 Mr. & Mrs. Lavau took up the appointment, and later in the year an assistant was also appointed. It was hoped that during the next financial year certain repairs and improvements could be carried out.

Training. Students have undertaken periods of practical work training from the Mental Health Course of the University of Edinburgh, the Certificate Course in Social Work, High Wycombe, and the London School of Economics. Observation students have also been welcomed from the Royal Berkshire Hospital, St. Mary's Hospital, Paddington, and the Chiltern Nursery Training College, as well as various other training establishments.

Future. A meeting was held in October, 1970, attended by the Principal School Medical Officer, the Chief Education Officer and members of the Clinic Team, to discuss future plans in the light of the Seeborn recommendations and the demands that would be made on psychiatric services in the area consequent upon the passing of the Children and Young Persons' Act and the setting up of the new Social Services Department. It was anticipated that the appointment of the Director of Social Services to the Borough, and the establishment of the new Social Work Department would bring about changes.

The future will be one of change and opportunity and will call for adaptability and close team work to maintain our standards in the way we have endeavoured to do in the past.

Statistics.

Children seen at Reading Borough Clinic

	<u>1969</u>	<u>1970</u>
No. of new cases referred	163	176
No. of cases re-opened during the year	5	4
Total no. of cases seen for consultation and treatment	202	219
No. of cases closed:-		
After consultation and advice only	7	3
Improved	23	33
Prematurely closed:-		
Lack of co-operation	9	4
Left the district	14	12
Withdrawn	6	3
Committed to approved school	1	3
Social work only	5	2
Over age	4	2
Transferred to hospital clinics, etc.	2	10
No. of interviews:-		
For psychiatric examination	121	119
For psychological assessment	120	114
Psychologist and S. P. S. W. (for Consultation only.)	2	-
For treatment	278	295

	<u>1969</u>	<u>1970</u>
No. of Social Worker interviews:-		
Clinic interviews	229	264
Home visits	652	643
School, hostels and hospitals	92	139
Other social agencies	62	127
Student training sessions	61	73
Committees and conferences	-	142
	<u>1,096</u>	<u>1,388</u>
Hostels for Maladjusted Children:-		
No. of children admitted	11	15
No. of children discharged	14	8
No. of children in hostels at end of year	18	21
<u>Sources of Referral:-</u>	<u>1969</u>	<u>1970</u>
School Medical Officers	59	55
General Practitioners	26	30
Paediatric and Child Psychiatric Clinics	12	13
Chief Education Officer	24	15
School Psychological Service	16	24
Children's Officer	16	22
Probation Service	10	10
Other	-	7
	<u>163</u>	<u>176</u>

PHYSICALLY HANDICAPPED PUPILS Seventy-four physically handicapped children attended the Special Day School and two boys attended residential schools for the physically handicapped. Mr. Squire, orthopaedic surgeon, attended the Avenue School at intervals throughout these years, and gave his very valuable advice on the day to day management and treatment of these children.

DELICATE PUPILS Eleven of these pupils attended the Avenue School and these include children with chronic chest complaints. Five children attended residential schools.

PUPILS SUFFERING FROM SPEECH DEFECTS 1969/70

In 1969, 447 (313 boys and 134 girls) children and in 1970, 378 (270 boys 108 girls) children were treated.

<u>Type of Defect</u>	<u>Number of Cases Treated</u>	
	<u>1969</u>	<u>1970</u>
Dyslalia	312	280
Dyslalia due to hearing loss	11	10
Retarded speech development	64	49
Stammering	30	19
Stammering plus dyslalia	9	5
Cerebral palsy	7	7
Cleft Palate	4	3
Dysarthria	1	-
Language Disorder	6	3
Voice Abnormality	3	2
<u>Results of treatment</u>	<u>1969</u>	<u>1970</u>
Discharged - cured or improved	174	125
Discharged, having made no progress	1	1
Discharged for non-attendance	8	5
Left the district before completion of treatment	11	10
Left school before treatment completed	3	-

Clinics were held in Queens Road, Tilehurst, Whitley, Emmer Green and Southcote clinics. Regular treatments were given in The Avenue School, Wakefield Lodge, and in certain Primary schools in the Borough.

THE AVENUE SCHOOL

Mr. W. A. Goodworth, Headmaster, reports:-

The number of children attending the school has been steadily rising, and during 1969 the number on the register reached a total of 260. The children are disposed between 15 classes made up of 9 classes in the Upper School, totalling some 163 E. S. N. children; and 6 classes in the Lower School, totalling some 97 Physically Handicapped and Delicate children. In the Upper School the age range is now five until leaving, at which time our young people reach between 16 and 16½ years. In the Lower School our youngest are 3 years, and one or two physically handicapped children are staying on until they are 17 years.

Space is at a premium. We have made every opportunity to adapt and bring into use any small areas, such as cloakrooms and corridors for teaching or library purposes, and the school is now as full as is

possible without further building.

In the last report I wrote about the sudden influx of children suffering from spina bifida. It is now over three years since we admitted the first child with this complaint, and we have averaged five children per year coming on to the admission register. The oldest of these children will shortly be moving to the Lower Junior class. If this rate of admission continues, as would seem very likely, within a few years a high percentage of the children in the Lower School will be spina bifida cases. The nature of their particular problems and difficulties has already provided my staff with a challenge that they have never faced before, and I have been very grateful to the Education Committee for providing additional toilet and changing facilities, together with additional staff, to help with the handling that is constantly needed for these children. It is, however, a difficult problem to forecast with any accuracy what the needs of the future are likely to be, but I do not think that my requests for additional building and additional staffing have yet reached maximum. I am optimistic that a few of the children, as they reach top Junior level, may well be able to transfer to ordinary schools. Certainly, we have a greater percentage of average and above average intelligence levels among the spina bifida cases than in any other category for which this school caters. I think it will be inevitable, however, that some of these children will reach secondary level and still need to remain at this school, and consideration will then have to be given for additional teaching staff probably part-time, who can carry on what we have already started in a small way, in preparing our children to take external examinations.

It is now over four years since the Reading and Berkshire Spastic Society built our lovely Nursery extension and swimming pool, known as the C. F. Taylor Unit. The effect on the swimming abilities of the children in the school has been astonishing. Unless there are medical grounds which must be considered, all children in this school swim all the year round. They have been gaining certificates of the Reading Schools' Swimming Association in large numbers and we now have many children in the school who are Bronze, Silver or Gold Medallists in Personal Survival. The pool enables these children, many of whom are timid and frightened of water when they first come to the school, to learn to swim, as well as providing the means whereby regular therapy can be given to the very handicapped. Its use is also shared by the hospital and various associations for handicapped people. I can confidently say that the benefits that have come to so many must exceed by a long way the most optimistic view of those people who originally had the inspiration to make this provision possible.

The Avenue Youth Club, which caters for pupils over the age of fifteen, and ex-pupils up to the age of 21, has grown remarkably well, and has a regular membership of over 50 young people. The activities provided by the Club Leader and voluntary helpers include archery, badminton, snooker and billiards, table tennis, five-a-side football,

chess, darts, "a Disco" and a canteen; surely as wide a range as any normal Youth Club could ever hope for! The work of a considerable number of voluntary helpers is clearly appreciated, and I suspect that they get as much enjoyment out of it as the young people themselves.

One of the striking features that visitors always notice is the standard of the Art work to be seen all over the school. Every opportunity is taken to enter the Art Competitions that are organised on a national basis for handicapped children, and usually one or two awards are gained. Recently, however, the school has achieved quite outstanding success from work done in the ordinary course of lessons in the Art Room i.e. it has not been done with any competition in view. Of the 350 pictures on display at the Royal Exchange, London in the Invalid Childrens Aid Association Exhibition, in 1969, six were selected from our entries, five of which were awarded prizes, three of which were sold before the exhibition closed. When one considers the number of schools throughout the country which submit their children's work in competitions of this sort, we feel quite proud of the skills and achievements of our children.

The year 1969 showed success for the first time in yet another way. Children have never in the 60 years of the school's existence, been prepared for external examinations, but it has been felt recently that a small number of them may well be able to tackle this. For the previous two years a lot of hard work was done to prepare three boys for the R.C.E. examinations in English, Arithmetic and Art. Between them, they gained six passes and one credit. Humble indeed though this may be by the standards of normal schools, to those of us working with children whose handicaps are considerable, these successes gave great joy. I need hardly say that the children and their parents were absolutely delighted with the results.

In 1970 the school was fortunate enough to receive some very noteworthy gifts. During the Summer the girls of Kendrick School held a sponsored swim, the revenue from which was used to provide an excellent pool-side hoist for the swimming bath. This enables helpless children to enter and leave the water in comfort. The rest of the large sum of money raised was used to provide various other pieces of equipment, and now there are in the garden, a splendid Tree House, a real Log Cabin and lots of exciting concrete play structures designed to stimulate the children's imagination and take all the hard knocks they can give them.

Besides these wonderful gifts, the Reading Jaycees i.e. The Junior Chamber of Commerce, have donated the proceeds of their Annual Charity Ball to the school, and the Heelas Swimming Club, who raised a considerable sum of money for a sponsored swim, have joined with them to purchase for us no fewer than four new Language Master Machines, an overhead Projector, a Television set and a Stainless Steel Slide for the playground. Fortunate indeed is a school to have friends of this kind.

During the summer more money was raised by means of a Grand Fete, which involved the whole of the staff of the school, and a great deal of help from parents, friends and outside organisations. The wonderful sum of

just over £600 was raised and this has been used to provide television points in every classroom in the school and sufficient television sets so that there is now one set to every two classes. The value of educational television with its visual and aural impact is immense with handicapped children and it is now available as a normal classroom aid in much the same way as one would use a slide projector or any other piece of electronic equipment.

The scheme organised by the British Junior Red Cross Society to foster horse riding for handicapped children at the Cross Lanes Riding School, Arborfield has developed into a regular and very valuable activity. A considerable number of people are concerned in this weekly event and a number of really quite handicapped children have been taking part with great enjoyment.

From the foregoing it will be seen that this year the school has made contacts within the local community to an extent that has never been achieved before, and which are proving immensely beneficial.

As a further example of community help, I would like to refer to the wonderful response by local groups and organisations to whom the school had become known, when a sudden need arose for a considerable number of Shasbah Trollies. Shasbah Trollies are ingenious little chariots with two big driving wheels, hand operated, and a castor in the front, into which a small child who is immobilised and paralysed in the legs, can sit safely and happily and have immediate mobility. Due to the number of children suffering from spina bifida coming to the school there developed a most urgent need for this type of equipment and our entire fleet was donated through the generosity of the Bonhomie Society, Canuspa, The Toddlers Club, The St. Peter's Wives Group Caversham, The Magpies Mortimer, The Kidmore End Young Wives Group, The Tilehurst Ladies' Group, friends at Samuel Elliotts of Caversham, and the St. John's Ambulance Brigade Reading Town 'B' Division.

Within the school the year was marked by quite a number of staff changes, and in addition a number of very serious staff illnesses. Changes and absences of this sort inevitably have a very disturbing effect on our children and in this respect it has been quite a difficult year. However, the clouds appear to have rolled aside again and I am pleased to say that at the present time the school is well staffed.

Of those who left, I would like to refer to the retirement of Mrs. Mary Spencer who had taught young physically handicapped children for twenty one years. I do not know how many children have benefited from her skill and devotion during all this long time, but I do know that there are many grown-up people in our town today who owe a very great deal to the fact that in their early years of development they were once "Mrs. Spencer's children". Mrs. Spencer has been a fine colleague to work with and I am sure she carries with her into retirement the very best wishes of the staff and friends of the school.

It is pleasing to look back on 1970 as a very happy and satisfactory year and I have no doubt that in years to come the value of the gifts the

school has received will show up even better adjusted and even more able children leaving this school to take their place in the working and social life of the community.

Physiotherapy. Although cerebral palsy still accounts for most of the physically handicapped children at the Avenue School, the numbers of children with spina bifida continues to rise, and these children now form a substantial group. They do not appear to have the spatial problems or orientation difficulties that are characteristic of the spastic child. Head control and use of upper limbs are unimpaired, and the range of intelligence among them is comparable to that in an ordinary human population. Children with spina bifida often have very little use in their legs, and many are doubly incontinent. The main object of treatment is to help the child to become ambulant wherever this is possible. Splints and walking aids are used to achieve this, and the children receive physiotherapy three times each week.

Children with certain disorders of the lungs are given postural drainage daily, and are instructed in breathing exercises. Older children can often carry out their own programme of exercises. Such children remain under surveillance, and treatment is resumed if this is necessary.

Swimming and hydrotherapy continue to be very popular.

Mr. Squire - orthopaedic surgeon - continues his interest in the Avenue School children, and his clinics are held regularly at the school.

School doctors attend regularly throughout the term.

TABLE OF CASES TREATED DURING 1969 AND 1970

	Girls		Boys		Total	
	1969	1970	1969	1970	1969	1970
Cerebral Palsy	26	15	12	18	38	33
Respiratory	4	3	13	9	17	12
Old Poliomyelitis	1	-	1	2	2	2
Cystic Fibrosis	1	-	2	2	3	2
Post op. tumour	1	1	-	-	1	1
Arthrogryposis	2	2	1	1	3	3
Post Orthopaedic op.	-	-	1	-	1	-
Fragilitas Ossium	-	-	1	1	1	1
Posture	1	1	2	1	3	2
Hemiplegia	5	2	1	-	6	2
Muscular Dystrophy	-	-	3	3	3	3
Perthes Disease	-	-	1	1	1	1
Spina Bifida	7	7	4	5	11	12
Congenital Heart Disease	-	-	1	2	1	2
Multiple Congenital Deformities	2	-	2	1	4	1
Achondroplasia	-	-	1	1	1	1
Thalidomide	1	1	1	1	2	2
Post Accident	-	1	-	-	-	1
	51	22	47	44	98	66

Health Education

The Family Care Course has continued in some of the secondary modern schools.

A series of Family Care talks has been given to boys and girls at The Avenue School, and this has proved a very successful venture. One Health Visitor who has taken the course of Education in Personal Relationships, has held discussion groups in one primary school and one secondary modern school. There have been preliminary discussions about the extension of the Health Education syllabus in one of the big secondary modern girls' schools. This will now take the form of a comprehensive syllabus starting in the first year and continuing through to the fourth or fifth year. Several departments have been involved in this course and the Health Visitor concerned will play an important part in this, particularly in the first, third and fourth years. The school nurse will also be involved. Some exhibitions of work done during the Family Care course have shown that a very high standard was reached.

School Dental Service

During 1969 and 1970 the School Dental Service was maintained, rather than expanded. Owing to financial limitations it was not possible to increase surgery accommodation at the existing clinics, whilst the plan for a new clinic in the Caversham area had to be abandoned altogether. However, some modernisation and improvements to equipment have been made.

Over this period progress has been made, but at a rather slower rate than one could have hoped. There has been a steady rise in the school population with a resulting increase in the demand for treatment. Parents have now become much more aware of the wider scope of dental treatment offered and of the benefit of seeking treatment early. This has put heavy demands on our present resources and has brought into sharp focus the urgent need to develop the service. Additional dental surgeries are needed with staff to work them. Ancillaries are needed to take over the programme of dental health education.

The staffing position in the School Dental Service has remained the same through 1969 and 1970 as in the immediate preceding years, with the result that our present surgery accommodation has been used to capacity and in addition we have been working evening sessions. Our dental health education campaigns have produced a demand for treatment which is beyond our present ability to fulfil.

Although the future of dentistry, one hopes, lies rather in the prevention of disease than in treatment, nationwide preventive measures are very slow in becoming accepted. Hence, for the foreseeable future, one must expect and plan for a continuing rise in the amount of treatment that will be required.

The following tables supply details of treatment:-

Age Group	Number Treated	Fillings		Extractions		General Anaesthetics	
		Permanent	Deciduous	Permanent	Deciduous		
5-9 years -	1969	1,814	1,394	931	107	1,412	485
	1970	1,464	1,289	1,652	84	739	207
10-14 years -	1969	1,417	1,289	118	411	277	72
	1970	1,374	2,784	142	295	222	117
15 and over	1969	323	959	-	113	-	21
	1970	295	885	-	90	-	23

Amongst all age groups:-

	1969	1970
Orthodontic appliances fitted	22	27
Root Fillings	12	28
Crowns Fitted	37	8
Dentures Fitted	13	2
Inlays Fitted	3	1
X-rays taken	215	301
Sessions devoted to dental treatment	1,530	1,245
Sessions devoted to dental inspection	77	66
Sessions devoted to dental health education	39	41

These figures of treatment carried out in 1969/70 show a slight increase over those for the years 1967/68. This reflects certain improvements and modernising of our equipment that we were able to carry out during the early part of 1969, and also the heavy backlog of work resulting from previous Oral Health Campaigns which forced us to spend more time on treatment and less on education.

Infectious Diseases

A table showing the number of children who have had notifiable infectious diseases during 1969 and 1970 appears in the statistical data at the end of this report.

Vaccination of young school children against measles was begun in 1968. The usual biennial epidemic of the disease occurred in 1967 when 1,141 cases were notified. Only 310 cases were notified in 1969, and this small number must have been due to the fact that over 2,000 children had received an injection of the vaccine by the end of 1968.

Unfortunately the measles vaccination programme was held up in 1969 because of the withdrawal of one type of vaccine from the market, and in 1970, the number of notified cases jumped to 525. Fresh supplies of a different type of vaccine were obtained, and parents gradually became

reassured as to its safety, and the numbers of children undergoing immunisation slowly rose again. It is to be hoped that measles will no longer occur as an epidemic disease in Reading.

B. C. G. VACCINATION All school children in the town, including those attending private schools are offered vaccination against Tuberculosis at the age of 12-13 years. Parental consent is, of course required before the injection is given.

It has been shown that BCG vaccination confers a high degree of protection against the disease, and it causes very little inconvenience to the patient. It is difficult therefore to understand the attitude of a small number of parents who do not give consent for their children to have the injection.

In 1969-70 at one school in the town, 100% of the parents involved gave consent for their child to receive BCG. At another school less than 70% of the parents gave consent, although every opportunity is taken by school nurses and doctors to acquaint parents with the facts about BCG.

In 1969, the Authority was asked by the Medical Research Council to help in a scheme jointly with Berkshire County, to monitor BCG freeze dried vaccine. This testing of the efficacy of the vaccine is necessary to ensure that its potency is maintained at the required level. Some rearrangements of the work were necessary, but realising the importance of this task, and seeing that vaccination with BCG cannot continue without its being monitored, everyone concerned was pleased to put in the extra work without complaining.

	No. Selected	No. Accepted	%	Absent	Skin Tested	Pos	Neg	Abs	% Pos.	Received BCG
1969	1,552	1,347	86.79	113	1,234	114	1,048	72	9.80	1,048
1970	2,252	1,963	87.16	166	1,797	115	1,568	114	6.83	1,568

Deaths in School Children

In 1969 three Reading school children died - one from drowning in the Thames and two from exacerbation of chronic illness. Four school children died in 1970. One of these was the victim of malignant disease, and another child was a severely physically handicapped child. The third child died from an exacerbation of a chronic disease and the fourth died after an accident.

Report of School Meals Organiser

Mrs. P. E. Cook reports:-

The percentage of children taking meals increased in September 1969 to 70.34%, but in September 1970 there was a slight decrease to 69.75%. The total number of meals served on a day in -

September, 1968	was	16,111
September, 1969	was	16,621
September, 1970	was	16,435

On a typical day in September 1969, of the 16,621 meals served, 1,774 were provided free which compares with 2,563 in 1968. It will be remembered that from 1st April, 1968 to 31st March, 1969 meals were supplied free to the fourth and subsequent children without any regard to financial circumstances. On a day in September 1970, 1,808 children were supplied with free meals. The School Meals Service policy was changed again on the 1st April, 1969 when this concession ceased. On that date, free meals once again reverted to those eligible on financial grounds only.

It is not always realised how this operates, in spite of the fact that there are clearly defined rules to follow in arriving at the net income and not the total income -

Deduct from the total income the first £2.00 of mother's earnings.
Rent
Rates
Mortgage payments
Fares to work
Superannuation
Insurance Contributions
Life Insurance Premiums
Income Tax etc.

If the net income is as follows, some free meals would be provided on the current scale -

With one dependant child, a net income of £11.95			
" two	"	children	" £14.70
" three	"	"	" £17.45
" four	"	"	" £20.20

New Kitchens Opened

<u>1969</u>	<u>1970</u>
St. Mary's C.E. Primary School	Highdown 2nd phase
Highdown first phase	Ranikhet Primary School
St. Paul's R.C. Primary School	

These five schools give an additional capacity of 1,870 meals, but this still leaves the total capacity in the Borough at 14,660, well below the present demand.

During the early part of 1969, the West End School Meals Kitchen had to be closed for essential major repairs. In order to be able to provide the 640 meals that were usually cooked at this kitchen, a private firm supplied

approximately 200 top tray meals, which the W.R.V.S. kindly stored in their deep freeze. These meals were then transported to St. George's Hall, where a special cooker was installed to heat them. This proved to be a useful exercise on the use of frozen food for school children in Reading, but it revealed unexpected difficulties, and proved expensive. Other makes of frozen food were tested during the year.

St. John's School at Caversham moved to new premises under the name of Thameside Primary School. The children of this school are able to cross the Wolsey Road to have meals at Caversham School Meals Kitchen. St. John's C.E. Primary School, Reading have had major alterations and a new servery provided for School Meals purposes only.

During 1969 an experiment was started in providing a choice of either cheese and biscuits or a sweet, to children at Grovelands Primary and Southcote Primary Schools. These have proved surprisingly popular with a small number of children. In future, it is hoped to be able to give this choice in Secondary Schools. This policy was continued in 1970 when a majority of Secondary Schools had the choice of sweet or cheese and biscuits. At the following schools, these arrangements were completed:

Highdown	Kendrick
George Palmer	Alfred Sutton Girls
Westwood	Southlands
Westend (Wilson)	Moorlands

At the two schools which previously had the type of service called 'family service' it was arranged that they should have a cafeteria service, thereby catering for a continuous flow of children. At both Westwood and Hugh Faringdon these arrangements have worked well. At Highdown the trolley service was provided, and it was decided to change this to a cafeteria, so that a choice could be given of salad main dish or a hot dish, and cheese and biscuits or sweet for the second course. During 1970 the trolley service was introduced at All Saints School, which produced much better opportunity for social training with the small numbers in this school.

In 1970 the question of 200 children dining at one sitting in Grovelands Baptist Hall was considered and decided to be a bad fire risk, and new arrangements have been made for two separate sittings and a trolley service started.

The two new kitchens, Highdown No. 2 and Ranikhet which opened in 1970 were both to operate as an experiment in the use of de-hydrated vegetables and prepared potatoes in order to overcome staffing difficulties. In both schools, the meals have proved very acceptable to the children, and have made it feasible to deal with the staff situation. Salads are provided once a week in the winter and twice a week in the summer in order to ensure that sufficient vitamin 'C' is provided.

In 1970 Bridge Street Nursery was moved to the old St. John's School premises in Caversham and re-named New Bridge Nursery. The pupils of Battle Secondary School who used to dine in St. Mark's Hall moved to the Y.M.C.A. while their Hall was being re-built.

A most successful training course was held in 1969 and 1970 on Hygienic Food Handling. This was organised by the Chief Public Health Inspector. Approximately 12 Supervisors attended the course, and all obtained a certificate. In 1969 two other Courses were arranged by the Ministry of Labour; approximately twenty Supervisors attended each Course. Additional training was given to Kitchen Supervisors in order to help them to cost their meals in decimal currency.

The work of converting the one dining room at Alfred Sutton Primary School into a Training Unit has been completed.

The School Meals Organiser and her Deputy attended a Course in Nutrition at the Queen Elizabeth College, London, which proved very interesting and valuable.

Throughout the year, Kitchen Supervisors, like everyone else, have had to deal with the consequences of the strike of the cleansing operatives and the electricity workers. These two strikes affected the School Meals Service considerably, and the Supervisors overcame the difficulties very well.

With the continued support and good will of the teachers, Children' Supervisors have worked well, and in many schools the children accept their authority throughout the dinner break.

Road Accidents

Schoolchildren injured on the roads 1970 (1969 figures in brackets)

Month	Boys	Girls	Cyclists	Pedestrians	Passengers	Injury			Total
						Slight	Severe	Fatal	
January	7 (9)	1 (2)	2 (1)	6 (8)	- (2)	7 (8)	1 (3)	- (-)	8 (11)
February	9 (1)	2 (4)	1 (-)	10 (5)	- (-)	9 (4)	2 (1)	- (-)	11 (5)
March	7 (4)	3 (3)	4 (1)	6 (6)	- (-)	5 (4)	5 (3)	- (-)	10 (7)
April	5 (6)	4 (1)	1 (2)	7 (5)	1 (-)	8 (7)	1 (-)	- (-)	9 (7)
May	9 (10)	1 (5)	2 (3)	8 (12)	- (-)	8 (11)	2 (4)	- (-)	10 (15)
June	9 (4)	4 (1)	4 (1)	8 (4)	1 (-)	11 (5)	2 (5)	- (-)	13 (5)
July	3 (9)	5 (1)	1 (5)	6 (5)	1 (-)	6 (5)	2 (5)	- (-)	8 (10)
August	10 (4)	4 (2)	6 (-)	6 (4)	2 (2)	9 (5)	5 (1)	- (-)	14 (6)
September	6 (4)	8 (3)	3 (1)	10 (4)	1 (2)	11 (6)	3 (1)	- (-)	14 (7)
October	10 (7)	1 (4)	1 (1)	10 (9)	- (1)	6 (6)	5 (5)	- (-)	11 (11)
November	10 (9)	6 (7)	7 (5)	8 (11)	1 (-)	9 (12)	6 (4)	1 (-)	16 (16)
December	5 (7)	1 (4)	2 (3)	3 (6)	1 (2)	3 (8)	3 (3)	- (-)	6 (11)
Totals	90 (74)	40 (37)	34 (23)	88 (79)	8 (9)	92 (80)	37 (31)	1 (-)	130 (111)

The following figures indicate the severity, of the accident according to the category of the victim. (1969 figures in brackets).

Cyclists			Pedestrians		
Slight	Serious	Fatal	Slight	Serious	Fatal
26 (19)	8 (4)	- (-)	59 (53)	29 (26)	1 (-)

Physical Education

Report on Physical Education 1969/70:- Previous reports have mentioned the development that has taken place in various aspects of physical education and have outlined what has been done in Reading to encourage modern thought and ideas. We have referred to the provision of accommodation to meet the needs of schools, in particular that in secondary schools, to ensure a wider use of recreational facilities by adults and youth groups. This dual use has been promoted in recent buildings and, where possible, has been extended to older premises. The sports hall at Alfred Sutton Boys' School, the all-weather surface at Stoneham/Westwood and the flood-lit playground at Southlands are examples of this development; all are widely used out of school hours. At Alfred Sutton the building was designed with dual use in mind. In the other two instances mentioned, the special provisions were added at a later date and their use by outside organisations is hindered by the limitations consequent on the architectural design of single sex schools.

Our next new school, Highdown, will allow a wider co-operation between school and public and it is expected that dual use of the gymnasium, swimming bath and all-weather surface will attract adult clubs and organisations. It is disappointing, however, that the all-weather surface will not be ready for the opening of the school in September and consequently the facilities for physical education will be seriously curtailed until such time as it is prepared.

This shared use of certain school premises, even on a limited scale, has emphasised the need for further development and it is with considerable satisfaction and delight that we acknowledge agreement for the first Joint Provision scheme at the West Secondary School. Co-operation between the Education Committee and the Parks Committee will provide a recreational centre to be shared equally by school children and members of the general public. In this scheme, however, there is one drawback which will affect the public use of the pitches. The original proposals included the preparation of three all-weather pitches placed side by side on the Ford's Farm site. Owing to rising costs it will be possible to provide only two of

these pitches in the initial stages. It is to be hoped that the third will materialise at an early date thereafter; that is, if we are to keep faith with the original proposals for this public open space.

It seems inevitable that similar financial difficulties will arise in future developments especially where advantage is taken to procure smaller sites for new schools on the understanding that all-weather surfaces will replace grass pitches. A similar situation will arise in any proposals to utilise existing public parks in Joint Provision schemes where the shared use of pitches would be possible only if all-weather surfaces are laid down. Certainly the shared use of grass pitches is out of the question unless much greater acreages of land are considered.

There is a considerable saving in capital expenditure if special surfaces enable smaller sites to be used. An acre of land may cost £25,000; an all-weather pitch, £13,000. Up to the present it has not been possible to utilise the saving in costs for land to prepare special pitches but, nevertheless, it must be emphasised that smaller areas are acceptable only if they are properly developed. A policy should be decided on this point before decisions are made on future sites and agreement reached to utilise savings on the purchase of sites to prepare the area fully with the type of facilities that will ensure the fullest use of the pitches under any Joint Provision scheme. Such an assurance would be welcome at this time when the new South Secondary School is under consideration.

Additional accommodation is being planned at certain existing secondary schools. It is to be hoped that the need for extra indoor recreational space is not overlooked.

It follows that the sharing of facilities increases the wear and tear and this is particularly evident on playgrounds and tennis courts. The renewal of these surfaces is costly and therefore it is recommended that regular expenditure on their maintenance should be provided in annual estimates. The re-surfacing of the tennis courts at Southlands is now a matter of urgency.

PLAYING FIELDS The problems of maintenance extend to the playing fields where, unhappily, we must report a diminishing of standards. The difficulties of staffing have become a perennial statement in our reports and until a more attractive wage structure or incentive scheme is introduced our staff will remain dissatisfied. Their wages, fixed at £14. 14. 0d. for an Assistant and £16. 2. 0d. for a Craftsman, are unlikely to attract recruitment in this area of full employment and high earnings in industry. Sadly we can only report "we are doing our best under the circumstances" and hope that the promised works study exercise will be carried out at an early date.

COURSES Teachers courses on basic work in physical education have continued throughout the year with special emphasis on Modern Educational Dance. In the primary schools particular attention has been given to the coaching of games as it is at this stage that the problems are greatest to affect changes in methods of training and to discourage the playing of adult concepts of major games.

There is a growing need for courses for teachers in their probationary year as it becomes obvious that those from certain Colleges of Education have not had the fundamental training in the subject that one might reasonably expect.

Almost every Head Teacher in Reading accepted an invitation to attend a day conference at Thamesfield in March. The Chief Education Officer opened the meeting and introduced the guest speakers:

Mr. Trevor Scholey, General Schools Adviser, Northampton L. E. A.

Mr. Clive Bond, Senior Lecturer, Loughborough College of Education.

Their talks on the wider aspects of physical education, the changes in the content of the subject and its place in the general curriculum promoted interest and lively discussion from the audience.

SWIMMING The opening of the pool at Whitley Park Junior School in Spring was a welcome addition to the facilities in the town. This particular effort was produced largely by self-help through parents. The Head Teacher and Staff are to be congratulated on their organisation.

This subject continues to attract interest and the demand for the opportunity to extend the programme more widely in primary schools cannot be met at the public baths. We are grateful for the use of additional facilities at Reading School and Kendrick and thank the Head Teachers for their co-operation. The opening of the bath at Highdown should release certain times at the Central Pool for other schools.

STAFFING For the first time for many years there is a sign that the specialist staffing in the Secondary Schools is stabilising; there have been less changes than for some years. It is also encouraging that many teachers of physical education are taking further periods of training in specialist aspects of their subject. We feel that attendance at courses and conferences is essential for teachers to maintain a progressive and considered outlook in education.

SAILING We have mentioned in the past the success of the development of sailing at Theale. Changes are taking place at the gravel workings which seriously affect our activities. We are due to move to other waters at the pit which, unfortunately, are not adjacent to our temporary buildings and dinghy park.

Negotiations are taking place with the firm concerned to build new premises on our new site. These negotiations should be completed as early as possible if we are to avoid closing completely our sailing activities.

In conclusion, the Organisers wish to express their thanks to everyone who assisted them in their work during these years.

Statistical Data

PART I

Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

PERIODIC MEDICAL INSPECTIONS

1969

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	32	32	-	-	1	6	6
1964	651	650	1	-	6	39	39
1963	1,218	1,218	-	-	21	78	87
1962	145	145	-	-	-	5	3
1961	127	127	-	-	4	5	8
1960	106	106	-	-	-	2	2
1959	167	167	-	-	1	7	7
1958	809	809	-	-	37	39	70
1957	566	566	-	-	19	36	48
1956	171	171	-	-	2	3	5
1955	282	282	-	-	4	8	12
1954 and earlier	673	673	-	-	25	49	68
Total	4,947	4,946	1	-	120	277	355

1970

1966 and later	40	40	-	-	2	11	9
1965	691	691	-	-	17	50	58
1964	1,341	1,341	-	-	30	130	137
1963	166	166	-	-	-	10	9
1962	118	118	-	-	1	3	4
1961	102	102	-	-	-	1	1
1960	77	77	-	-	-	4	4
1959	817	817	-	-	24	43	60
1958	566	566	-	-	15	21	33
1957	121	121	-	-	6	6	12
1956	122	122	-	-	5	8	12
1955 and earlier	256	256	-	-	7	7	13
Total	4,417	4,417	-	-	107	294	352

OTHER INSPECTIONS

	1969	1970
Number of Special Inspections	29	25
Number of Re-inspections	822	653
Total	851	678

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,872	31,074
(b) Total number of individual pupils found to be infested	87	235
(c) Number of individual pupils in respect of whom cleansing notices were issued (section 54 (2), Education Act, 1944)	Nil	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (section 54 (3), Education Act, 1944)	Nil	Nil

PART II

Defects found by Periodic Medical Inspections 1970. (1969 figures in brackets)

Defects or Diseases	PERIODIC INSPECTIONS												Special Inspection	
	Entrants				Leavers		Others		Total					
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
Skin	18(19)	58(101)	2 (4)	3 (9)	1(11)	16(33)			21 (34)	77(143)	-(-)	-(-)		
Eyes -- a. Vision ...	61(37)	66 (56)	7(27)	7(17)	39(56)	17(29)			107(120)	90(102)	-(-)	-(-)		
b. Squint ...	40(27)	20 (33)	1 (4)	- (5)	8(16)	8 (9)			49 (47)	28 (47)	-(-)	-(-)		
c. Other ...	5 (1)	4 (8)	- (2)	- (3)	6 (2)	7 (8)			11 (5)	11 (19)	-(-)	-(-)		
Ears -- a. Hearing ...	28(17)	114 (94)	- (2)	4 (1)	2 (5)	19(22)			30 (24)	137(117)	-(-)	-(-)		
b. Otitis Media ...	9 (8)	82 (76)	- (-)	1 (4)	2 (6)	8(21)			11 (14)	91(101)	-(-)	-(-)		
c. Other ...	3 (-)	19 (5)	- (1)	- (1)	1 (1)	5 (4)			4 (2)	24 (10)	-(-)	-(-)		
Nose and Throat ...	29(25)	144(159)	- (6)	1 (6)	3 (3)	20(48)			32 (34)	165(213)	-(-)	-(-)		
Speech	16(16)	37 (47)	- (1)	- (2)	6 (1)	10(12)			22 (18)	47 (61)	-(-)	-(-)		
Lymphatic Glands ...	1 (2)	5 (31)	- (-)	- (-)	- (1)	3 (4)			1 (3)	8 (35)	-(-)	-(-)		
Heart	4 (-)	38 (41)	- (-)	4 (9)	- (1)	4(17)			4 (1)	46 (67)	-(-)	-(-)		
Lungs	8 (1)	53 (34)	- (1)	- (5)	2 (1)	16(16)			10 (3)	69 (55)	-(-)	-(-)		
Developmental -- a. Hernia	5 (1)	13 (15)	- (-)	- (-)	- (-)	1 (3)			5 (1)	14 (18)	-(-)	-(-)		
b. Other	5 (5)	18 (29)	- (3)	4 (8)	- (1)	4 (7)			5 (9)	26 (44)	-(-)	-(-)		
Orthopaedic -- a. Posture	2 (1)	11 (21)	- (2)	- (13)	2 (2)	2(12)			4 (5)	13 (46)	-(-)	-(-)		
b. Feet ...	29(11)	37 (41)	6(16)	2(24)	14(15)	10(30)			49 (42)	49 (95)	-(-)	-(-)		
c. Other ...	3 (4)	33 (21)	1 (3)	- (15)	3 (4)	8(14)			7 (11)	41 (50)	-(-)	-(-)		
Nervous System -- a. Epilepsy	4 (1)	10 (8)	- (1)	- (3)	- (3)	3 (7)			4 (5)	13 (18)	-(-)	-(-)		
b. Other	- (-)	8 (12)	- (-)	- (-)	- (-)	- (4)			- (-)	8 (16)	-(-)	-(-)		
Psychological -- a. Development	2 (2)	52 (54)	- (1)	2 (2)	2 (2)	16(35)			4 (5)	70 (91)	-(-)	-(-)		
b. Stability	5 (1)	47 (59)	- (1)	1 (8)	2 (3)	14(37)			7 (5)	62(104)	-(-)	-(-)		
Abdomen	2 (2)	9 (25)	- (1)	1 (1)	1 (3)	8(17)			3 (6)	18 (43)	-(-)	-(-)		
Other	7 (-)	14 (13)	1 (2)	- (4)	3 (1)	5 (9)			11 (3)	19 (26)	-(-)	-(-)		

(T) = Treatment (O) = Observation

PART III

Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	1969	1970
External and other, excluding errors of refraction and squint	-	-
Errors of refraction (including squint)	855	1,045
Total	855	1,045
Number of pupils for whom spectacles were prescribed	344	288

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with	
	1969	1970
Received operative treatment:—		
(a) for diseases of the ear	6	-
(b) for adenoids and chronic tonsillitis	196	240
(c) for other nose and throat conditions	5	-
Received other forms of treatment	5	-
Total	212	240
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) In 1969	4	6
(b) In previous years	60	45

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated	
	1969	1970
(a) Pupils treated at clinics or out-patients departments	-	-
(b) Pupils treated at school for postural defects	-	-
Total	-	-

(D) DISEASES OF THE SKIN

	Number known to have been treated	
	1969	1970
Ringworm		
(a) Scalp	-	-
(b) Body	-	1
Scabies	29	30
Impetigo	34	48
Other skin diseases	836	985
Total	899	1,063

(E) CHILD GUIDANCE TREATMENT

	Number known to have been treated	
	1969	1970
Pupils treated at Child Guidance Clinics	314	351

(F) SPEECH THERAPY

	Number known to have been treated	
	1969	1970
Pupils treated by speech therapists	447	378

(G) OTHER TREATMENT GIVEN

	Number known to have been treated	
	1969	1970
(a) Pupils with minor ailments	1,554	843
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	21	20
(c) Pupils who received B.C.G. vaccination ...	980	1,568
(d) Other than (a), (b) and (c) above	-	-
Total	2,555	2,431

Cases of Infectious Diseases in School and Pre-School Children -- 1970 (1969 figures in brackets).

Disease	At All Ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years
Scarlet Fever	10 (12)	- (-)	- (1)	5 (3)	5 (5)	- (3)
Whooping Cough	8 (8)	- (2)	- (3)	1 (1)	6 (2)	1 (-)
Measles	525 (310)	23 (9)	125 (96)	161 (97)	212 (106)	4 (2)
Acute Poliomyelitis (Paralytic) ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Acute Poliomyelitis (Non-Paralytic)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Diphtheria	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Paratyphoid Fever	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Typhoid Fever	2 (-)	- (-)	- (-)	- (-)	1 (-)	1 (-)
Food Poisoning	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Dysentery	1 (29)	- (5)	- (12)	- (8)	- (3)	1 (1)
Acute Meningitis	1 (2)	- (1)	- (1)	- (-)	1 (-)	- (-)
Acute Encephalitis (Infective) ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Acute Encephalitis (Post-Infectious)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Ophthalmia Neonatorum	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Infective Jaundice	20 (10)	- (-)	- (1)	1 (1)	11 (3)	8 (5)
Tuberculosis (Pulmonary)	1 (3)	- (-)	- (-)	- (-)	1 (2)	- (1)
Tuberculosis (Non-Pulmonary) ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Totals	568 (374)	23 (17)	125 (114)	168 (110)	237 (121)	15 (12)

